



# MANUFACTURED HOME PERMIT APPLICATION



Department of Building Safety  
4795 South Church St. Ext. - Suite 2  
Roebuck, SC 29376  
864-586-6111

PLEASE DIRECT ANY QUESTIONS TO BEKKI PHILLIPS (RPHILLIPS@CITYOFWOODRUFF.COM) OR CALL 864-476-8154  
\*\*\* OWNER/AGENT ARE RESPONSIBLE FOR CHECKING ANY DEED RESTRICTIONS AND COVENANTS \*\*\*  
\* IN THE EVENT OF A REFUND OR CANCELLATION OF A PERMIT REQUEST, A \$32.00 ADMINISTRATIVE FEE WILL BE CHARGED \*

### OFFICE USE ONLY

APPLICATION SUBMITTAL DATE: \_\_\_\_\_

FACILITATOR'S INITIALS

ZONING APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

### PERMIT TYPE:

MOVE & SET UP

MOVE OUT OF COUNTY

### CURRENT LOCATION OF MANUFACTURED HOME:

PARCEL #:

STREET ADDRESS OF MANUFACTURED HOME:

CITY:	STATE:	ZIP:
-------	--------	------

SUBDIVISION/MANUFACTURED HOME PARK NAME:	LOT #:
--	--------

### MANUFACTURED HOME OWNER'S INFORMATION:

HOME OWNER'S NAME:	HOME OWNER'S PHONE # WITH AREA CODE:
--------------------	--------------------------------------

HOME OWNER'S STREET ADDRESS:	CITY:	STATE:	ZIP:
------------------------------	-------	--------	------

HOME OWNER'S MAILING ADDRESS:	CITY:	STATE:	ZIP:
-------------------------------	-------	--------	------

HOME OWNER'S EMAIL ADDRESS:

### PROPERTY OWNER'S INFORMATION (if different from manufactured home owner):

PROPERTY OWNER'S NAME:	PROPERTY OWNER'S PHONE # WITH AREA CODE:
------------------------	--

PROPERTY OWNER'S STREET ADDRESS:	CITY:	STATE:	ZIP:
----------------------------------	-------	--------	------

PROPERTY OWNER'S MAILING ADDRESS:	CITY:	STATE:	ZIP:
-----------------------------------	-------	--------	------

PROPERTY OWNER'S EMAIL ADDRESS:

### CONTRACTOR / MANUFACTURED HOME DEALER:

CONTRACTOR / MANUFACTURED HOME DEALER'S NAME:	PHONE # WITH AREA CODE:
---	-------------------------

CONTRACTOR / MANUFACTURED HOME STREET ADDRESS:	CITY:	STATE:	ZIP:
--	-------	--------	------

CONTRACTOR / MANUFACTURED HOME MAILING ADDRESS:	CITY:	STATE:	ZIP:
---	-------	--------	------

CONTRACTOR / MANUFACTURED HOME DEALER'S EMAIL:

**MOBILE HOME DESCRIPTION:**

YEAR:	MANUFACTURER:	MODEL:
SIZE:	COLOR:	VIN NUMBER:
# OF BEDROOMS:	# OF BATHROOMS:	# OF FIREPLACES:
CONDITION OF HOME:		NEW          USED
ROOFING MATERIAL:	FOUNDATION/UNDERPIN:	EXTERIOR FINISH:
HEAT SOURCE:	AIR CONDITIONING:	
ELECTRIC          GAS          OTHER	YES          NO	
PURCHASE DATE:	SALE AMOUNT:	

**NEW LOCATION WHERE MANUFACTURED HOME IS BEING MOVED TO:**

STREET ADDRESS OF MANUFACTURED HOME:	PARCEL ID #:
CITY:	STATE:
	ZIP:
SUBDIVISION / MANUFACTURED HOME PARK NAME:	LOT#:

**UTILITIES:**

POWER COMPANY:	GAS COMPANY:
WATER:	SEWER:
WELL          PUBLIC	NEW          EXISTING
	SEPTIC:
	NEW          EXISTING

**MANUFACTURED HOME PERMIT**

**NEW & USED MOBILE HOME PERMIT**

\$1.00 - \$50,000 ..... \$210.00

\$50,000 and UP ..... \$210.00 plus \$2.00 per  
thousand over \$50,000

TOTAL PERMIT FEE \$

**IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NON-REFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION (Building, Mechanical, Plumbing, Electrical, Fire). ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.**

**PERMIT RENEWAL &/or UPDATE FEE**  
\$53.00 per each renewal.

**A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.**

**THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.**

**SIGNATURE:**

By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.

All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.

APPLICANT'S NAME (printed):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:	APPLICANT'S PHONE # WITH AREA CODE:	
APPLICANT'S SIGNATURE:		

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

**PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS**